

TRANSFER TUITION APPEAL

Calendar year(s) applying for: _____
(cannot exceed two-year period)

Amount of transfer tuition appeal request: _____

TRANSFER TUITION REVENUES

Date of receipt	From	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total (A)		_____

TRANSFER TUITION EXPENDITURES

Date of expenditure	To	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total (B)		_____
Total (A) less Total (B) =		_____

If the answer is negative, the school may qualify for that amount.

**PROPERTY TAX SHORTFALL DUE TO ERRONEOUS ASSESSED
VALUATION**

(Appeal is only applicable to the general and transportation operating funds)
IC 6-1.1-19-4.7

School corporations may file for a shortfall appeal until December 31, 2004. Schools can opt to request the DLGF Commissioner take action on the shortfall appeal without a SPTCB recommendation. Do you want the shortfall appeal to be considered by the Commissioner without a recommendation by the School Property Tax Control Board? Yes _____ No _____

1. State the taxing year(s) for which this appeal is to be considered and the amount to be considered for each year.

Year _____	Amount _____
Year _____	Amount _____
Year _____	Amount _____

2. The following information is required to be attached to this document for appeal consideration:

- (a) County Form 127CER (Register of Certificates of Error) for the year(s) in which the shortfall occurred for each taxing district of which the unit is a taxing entity.
- (b) County Form 17TC (Certificate of County Auditor of Tax Refund Claims) for each taxing district of which the unit is a taxing entity. Refunds must clearly indicate the assessment year for which the refund is claimed.
- (c) County Form 22 (County Auditor's Certificate of Tax Distribution) for each year the unit is claiming a property tax shortfall.

3. In the past three (3) years, has the unit experienced a Levy Excess? [] Yes [] No
(If yes, state the taxing year and amount)